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Approved for use through 09/30/2000. OMB 0651-0032

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR § 1.53(b))	Attorney Docket No. 2002-051	
	First Inventor or Application Identifier	Yates
	Title	<b>METHOD FOR PoC INSTANT TEMPORARY GROUP CHAT BASED ON PRESENCE AND LOCATION</b>
	Express Mail Label No.	EV 368752240 US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> MS Patent Application Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 24] (preferred arrangement set forth below) — Descriptive title to the Invention — Cross References to Related Applications — Statement Regarding Fed sponsored R & D — Reference to Microfiche Appendix — Background of the Invention — Brief Summary of the Invention — Brief Description of the Drawings (if filed) — Detailed Description — Claim(s) — Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7] 4. <input type="checkbox"/> Oath or Declaration [Total Pages 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies <b>ACCOMPANYING APPLICATION PARTS</b> 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Other: Express Mail Certificate <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>*NOTE FOR ITEMS 1 &amp; 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b></p> </div>

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17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary statement:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____ / _____
Prior application information:		Examiner:	Group/Art Unit:

**18. CORRESPONDENCE ADDRESS**

☒ Customer Number or Bar Code Label **24112** or ☐ Correspondence address below

NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	FAX	

Name (Print/Type)	Jennifer K. Stewart	Registration No. (Attorney/Agent)	53,639
Signature	<i>Jennifer K. Stewart</i>	Date	February 20, 2004

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**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1

These are the fees effective October 1, 2003.

Small Entity payments must be supported by a small entity statement.  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

**TOTAL AMOUNT OF PAYMENT** (\$1184.00)

Complete if Known

Application Number	
Filing Date	February 20, 2004
First Named Inventor	Yates
Examiner Name	
Group Art Unit	
Attorney Docket No.	2002-051

**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commission is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 18-1167

Deposit Account Name Coats &amp; Bennett, P.L.L.C.

- ☒
- Charge Any Additional Fee Required Under 37 CFR §§1.16 and 1.17
- ☐
- Charge the Issue Fee Set in 37 CFR §1.18 at the Mailing of the Notice of Allowance

- 2.
- ☒
- Payment Enclosed:
- 
- ☒
- Check
- ☐
- Money Order
- ☐
- Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	770	201	385	Utility filing fee	\$770.00
106	340	206	170	Design filing fee	
107	530	207	265	Plant filing fee	
108	770	208	385	Reissue filing fee	
114	160	214	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$770.00)</b>

**2. EXTRA CLAIM FEES**

	Extra Claims	Fee from below	Fee Paid
Total Claims	38	-20** = 16 X 18 =	\$288.00
Independent Claims	4	-3** = 1 X 86 =	\$86.00
Multiple Dependent Claims		X =	

\*\* or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	86	202	43	Independent claims in excess of 3
104	290	204	145	Multiple dependent claim
109	86	209	43	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b> (\$374.00)				

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examination action	
115	110	215	55	Extension for reply within first month	
116	420	216	210	Extension for reply within second month	
117	950	217	475	Extension for reply within third month	
118	1,480	218	740	Extension for reply within fourth month	
128	2,0100	228	1,005	Extension for reply within fifth month	
119	330	219	165	Notice of Appeal	
120	330	220	165	Filing a brief in support of an appeal	
121	290	221	145	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,330	241	665	Petition to revive - unintentional	
142	1,330	242	665	Utility issue fee (or reissue)	
143	480	243	240	Design issue fee	
144	640	244	320	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40
146	770	246	385	Filing a submission after final rejection (37 CFR 1.129(a))	
149	770	249	385	For each additional invention to be examined (37 CFR 1.129(b))	

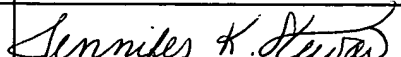
Other fee (specify)

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$40.00)**SUBMITTED BY**

Typed or Printed Name Jennifer K. Stewart

Signature 

Date February 20, 2004

**Complete (if applicable)**

Reg. Number 53,639

Deposit Account User ID 18-1167

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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